COVER PAGE

Only

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Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA FORM
	Statement covers period	Date of election if applicable:		Page 1 of
	from 01/01/2022			For Official Use
SEE INSTRUCTIONS ON REVERSE	through 06/30/2022	11/05/2024		20.00
1. Type of Recipient Committee: All Committees -	es – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall Also Complete Part 5]	☐ Primarily Formed Ballot Measure Committee ○ Controlled ○ Sponsored	□ Preelection Statement □ Semi-annual Statement □ Termination Statement │ Also file a Form 410 Termination)		Quarterly Statement Special Odd-Year Report Supplemental Preelection
General Purpose Committee	(Also Complete Part 6) Primarily Formed Candidate/	Amendment (Explain below)		
Small Contributor Committee O Political Party/Central Committee	Officeholder Committee (Also Complete Part 7)			
3. Committee Information	I.D. NUMBER 1342332	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	AITTEE)	NAME OF TREASURER		
Patino for Mayor 2024		Tom Martinez		

(805)934-5737 AREA CODE/PHONE AREA CODE/PHONE ZIP CODE ZIP CODE 93455 93455 STATE STATE g Ð NAME OF ASSISTANT TREASURER, IF ANY 2151 S. College Dr., Ste. 101 OPTIONAL: FAX / E-MAIL ADDRESS 2624 Airpark Dr. Trent Benedetti MAILING ADDRESS MAILING ADDRESS Santa Maria Santa Maria AREA CODE/PHONE (805) 934-5737 AREA CODE/PHONE

4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS

tom@martinezassoc.net

ZIP CODE

STATE

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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Santa Maria

ZIP CODE 93455

STATE

STREET ADDRESS (NO P.O. BOX)

2624 Airpark Drive

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

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Executed on

Signature of Treasdfor or Assistant Transforer	PACAN Washing State Measure Proponent or Responsible Officer of Sporsor	Signature of Controlling Officeholder, Cardidate, State Measure Proponent
Signa	Signature of Controlling Officeholder,	Signature of Controll
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Signature of Controlling Officeholder, Candidate, State Measure Proponent

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PPPC Form 460 (Jan/2046)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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SR LETTER JURISDICTION Controlling officeholder, candidate, or state measure proFICEHOLDER, CANDIDATE, OR PROPONENT GHT OR HELD Formed Candidate/Officeholder Committee List (3) or candidate(s) for which this committee is primarily formed.	SUPPORT OPPOSE roponent, if any. ANY t names of od.
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Statement covers period CALIFORNIA 460 FORM	06/30/2022 Page 3 of 4	I.D. NUMBER	1342332	Calendar Year Summary for Candidates Running in Both the State Primary and	General Elections 1/1 through 6/30 7/1 to Date	Suo	21. Expenditures Made	Expenditure Limit Summary for State Candidates	22 Cimilative Expanditures Made*	(if Subject to Voluntary Expenditure Limit)	Date of Election Total to Date	8	\$		*Amounts in this section may be different from amounts reported in Column B.					STOOM TO TO THE TOTAL TO
	through			Column B CALENDAR YEAR TOTAL TO DATE	00.00	00.00	00.00	\$ 434.10	0.00	\$ 434.10	0.00	\$ 434.10		To calculate Column B, add amounts in Column A to the	corresponding amounts from Column B of your last	report. Some amounts in Column A may be negative figures that should be	subtracted from previous period amounts. If this is	for this calendar year, only carry over the amounts	from Lines 2, 7, and 9 (if any).	
Amounts may be rounded to whole dollars.				Column A TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)	00.00	00.00	00.00	\$ 434.10	0.00	\$ 434.10	0.00	\$ 434.10		\$ 15,768.74	0.00	434.10		\$	00.00	00.00
Campaign Disclosure Statement Summary Page	SEE INSTRUCTIONS ON REVERSE	NAME OF FILER	Patino for Mayor 2024	Contributions Received		2. Loans Received	Schedule C, Lir	Expenditures Made 6. Payments Made	7. Loans Made Schedule H, Line 3	8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	Bills) ***********************************	10. Nonmonetary Adjustment	Current Cash Statement	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Cash	15. Cash Payments	If this is a termination statement, Line 16 must be zero.	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	Cash Equivalents and Outstanding Debts 18 Cash Equivalents	Add Line 2

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Amounts may be rounded to whole dollars.

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06/30/2022

through

I.D. NUMBER

1342332

SCHEDULE 460

CALIFORNIA

Statement covers period

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Patino for Mayor 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

meetings and appearances member communications campaign paraphemalia/misc. campaign consultants

ERS PER SER

contribution (explain nonmonetary)* SSS

candidate filing/ballot fees civic donations

fundraising events 2 2 2

campaign literature and mailings legal defense

E

independent expenditure supporting/opposing others (explain)*

polling and survey research

print ads

petition circulating office expenses phone banks

campaign workers' salaries t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs returned contributions

transfer between committees of the same candidate/sponsor voter registration postage, delivery and messenger services professional services (legal, accounting)

information technology costs (internet, e-mail)

434.10 AMOUNT PAID DESCRIPTION OF PAYMENT Accounting 엉 CODE PRO NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455

ď Payments that are contributions or independent expenditures must also be summarized on Schedule

434.10

SUBTOTAL \$

Schedule E Summary

434.10 1. Itemized payments made this period. (Include all Schedule E subtotals.)\$

9 2. Unitemized payments made this period of under \$100

434.10 \$ TOTAL \$ 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

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